

SCHOOL APPLICATION For use of this form see FR Reg 350-1; the proponent agency is DPTMS						DATE FROM POC EMAIL PHONE NUMBER		
PRIVACY ACT OF 1974 AUTHORITY: 10 U.S.C., Section 3013. PRINCIPAL PURPOSE(S): The Social Security Number is necessary for proper identification of applicant. ROUTINE USES: None. DISCLOSURE: Disclosure of information is voluntary. However, failure to provide the Social Security Number may result in an invalid application which will not be processed.								
THRU #1		THRU #2		THRU #3		TO MILITARY SCHOOLS, TROOP SCHOOLS FORT RILEY, KANSAS 66442		
POC EMAIL PHONE		POC EMAIL PHONE		POC EMAIL PHONE				
1. SCHOOL (LOCATION/CODE)						2. ALTERNATE LOCATION ACCEPTABLE <input type="checkbox"/> YES <input type="checkbox"/> NO		
3. COURSE TITLE (LIST ONLY ONE COURSE PER FORM)						4. COURSE NUMBER		
5. ALTERNATE DATES ACCEPTABLE <input type="checkbox"/> YES <input type="checkbox"/> NO		6. SCHEDULE FOR FIRST AVAILABLE <input type="checkbox"/> YES <input type="checkbox"/> NO		7. BEST ALTERNATE TIME FRAME FROM TO		8. INDIVIDUAL IS NOT AVAILABLE FROM TO		
9.(a) CLASS #	(b) CLASS DATE	(c) RANK/GRADE/SERIES	(d) NAME (LAST, FIRST, MIDDLE) EMAIL		(e) SSN	(f) BR MOS	(g) UIC	(h) UNIT
10. REMARKS DUTY POSITION: SECURITY CLEARANCE: ETS DATE:			11. I CERTIFY THIS TRAINING IS REQUIRED AND ALL NOMINEES MEET PREREQUISITES FOR THE COURSE					
			FROM (NAME, TITLE)			THRU # 2 (NAME, TITLE)		
			SIGNATURE DATE SIGNED			SIGNATURE DATE SIGNED		
			THRU # 1 (NAME, TITLE)			THRU # 3 (NAME, TITLE)		
			SIGNATURE DATE SIGNED			SIGNATURE DATE SIGNED		